

2

AD-A213 066

# AN ANALYSIS OF NAVY OUTPATIENT MORBIDITY REPORTING

DTIC  
ELECTE  
OCT 03 1989  
S D CS D

L. A. HERMANSEN  
W. W. WILCOX

REPORT NO. 89-9

Approved for public release; distribution unlimited.

NAVAL HEALTH RESEARCH CENTER

P.O. BOX 85122

SAN DIEGO, CALIFORNIA 92138

NAVAL MEDICAL RESEARCH AND DEVELOPMENT COMMAND

BETHESDA, MARYLAND



89 10 2 089

AN ANALYSIS OF NAVY OUTPATIENT MORBIDITY REPORTING

L.A. Hermansen  
W.W. Wilcox



Medical Decisions Support Department  
Naval Health Research Center  
P.O. Box 85122  
San Diego, CA 92138-9174

Accession For	
NTIS CRA&I	<input checked="" type="checkbox"/>
DTIC TAB	<input type="checkbox"/>
Unannounced	<input type="checkbox"/>
Justification	
By	
Distribution/	
Availability Codes	
Dist	Availability and/or Special
A-1	

Report 89-9, supported by the Naval Medical Research and Development Command, Department of the Navy under Work Unit No. M0095.005-1053. The views expressed in this article are those of the author(s) and do not reflect the official policy or position of the Department of the Navy, Department of Defense, nor the U.S. Government. Approved for public release, distribution unlimited.

## SUMMARY

The Navy Medical Services and Outpatient Morbidity Reporting system (NAVMED 6300/1) is described. An alternative system utilizing an updated Medical Encounter Report designed with input from the Medical Doctrine Center and analyses of injury and illness data collected during earlier studies is presented. Potential uses of the medical data captured using the alternative system are described.

## AN ANALYSIS OF NAVY OUTPATIENT MORBIDITY REPORTING

### Introduction

Navy-wide outpatient morbidity information is currently captured through the use of the Medical Services and Outpatient Morbidity Report. This report is prepared by all ships and stations of the Navy and Marine Corps staffed with Medical personnel, providing inpatient and/or outpatient care. These reports are used in the preparation of budget estimates, in programming, in analysis of personnel authorizations and requirements, in determining the size of replacements or additions to existing facilities, and in the evaluation of selected morbidity levels. They also provide a method for directing and measuring the results of preventative medicine programs.

Earlier reports from the Naval Health Research Center<sup>1-2</sup> noted the need for an updated medical reporting system for the Navy to meet the increasing demand for accurate medical treatment information. Specifically the need for more efficient procedures and more appropriate reporting categories was identified. The alternative reporting systems tested in these previous studies utilized a standardized checklist reporting format to capture all data necessary for morbidity reporting. The demonstrated viability of these systems was considered encouraging.

This report describes the Navy Medical Services and Outpatient Morbidity Reporting System and presents an alternative system utilizing an updated Medical Encounter Report designed with input from the Medical Doctrine Center and analyses of injury and illness data collected during these earlier studies.

### Current Reporting Procedures

All Navy facilities and ships staffed with medical personnel are required to mail a completed Medical Services and Outpatient Morbidity Report (see figures 1 & 2) at the end of each month to the Naval Medical Data Services Center in Bethesda, Maryland. These reports must be mailed before the end of the fifth working day following the end of the report month.

Feeder data necessary for the report are submitted by clinic personnel to the designated individual who is responsible for compiling and submitting the report. The information compiled each month includes: number of visits (inpatient and outpatient), number and types of laboratory tests performed, number of prescriptions dispensed, number of spectacles ordered, number of physical examinations performed, number of immunizations administered, average number of active duty personnel served by the reporting facility or ship, number of visits to individual clinics (if they are separately organized), and finally, the number of new cases and revisits for 70 specific diagnostic categories.

The task of gathering all this information can take anywhere from one to five days, depending on the size of the facility and the methods used to retrieve the data. Some facilities use logs or tally sheets to keep track of the data while others sift through individual health records at the end of each month in order to achieve their final counts. These present methods tend to be cumbersome, making it difficult to verify the accuracy of reported data. Finally, in terms of data utilization, cross tabular reports are not currently possible since morbidity data are reported as group totals.

#### Proposed Alternative Method for Capturing Medical Data

Since almost all the information needed for the Medical Services and Outpatient Morbidity Report can be derived from one basic unit of observation, a record of the patient visit, it is suggested that all pertinent data for the report be captured at that point. An instrument capable of capturing the required data has been developed by NHRC and is currently in the testing phase.

This instrument, the Patient Encounter Form, is a one-page, two-sided, standardized checklist that can be completed during or immediately following each patient visit. The standardized checklist format is incorporated into this form to allow for quick and easy capture of all information required for preparation of the Monthly Morbidity Report.

Furthermore, capturing complete Patient Encounter data on a per-visit basis allows for greater flexibility in generating summary reports and in tracking individual cases. Once the data are entered into the system, they can be processed to rapidly generate counts necessary for completion of the Monthly Morbidity Report. In addition, the computerized data can be used to compute other counts and cross tabulations, such as diagnoses by disposition, or number and type-of-accidents by paygrade or branch-of-service. An individual's medical history can also be generated, in summary form, for review by the treating corpsman or physician. Finally, because personnel strength statistics are available for each Navy command, illness rates by command can be easily computed by dividing the total number of visits for personnel from a command by the Unit Identification Code (UIC) strength data.

#### Use of the Patient Encounter Form

The proposed form (see figures 3 and 4) can be used at all facilities monitored by the Naval Medical Command (NAVMEDCOM) and will provide a uniform method of collecting monthly morbidity data. The form should be filled out for each patient visiting a patient care unit.

Patient information in Section I is normally filled in by the patient. Here, the patient is identified by Name and Social Security Number. Branch of service, pay grade, and sex are indicated by checking appropriate boxes as are the unit number and information regarding injuries. A short explanation may be required if an injury has occurred. A special section on the form is provided to specify the type of injury and injury location.

Section II provides checklists for various signs, symptoms and diagnoses. The checklists cover the areas which are needed to complete the Medical Services and Outpatient Morbidity Report. In addition, data gathered in previous studies <sup>3,4</sup>, were analyzed and those illness categories that occurred most frequently were added to the list. If a diagnosis other than one listed is reported, it must be specified on the line provided. The health care provider checks the appropriate box or boxes and then, specifies the patient's disposition (limits of duty, evacuation or hospitalization) in Section III. The backside of the form, Sections IV through VIII, contains several checklists indicating treatment provided, patient status, along with the services and testing provided.

These sections would again be checked off by the health care provider as appropriate. Once a month, the forms are to be mailed, along with a cover sheet (identifying the treatment facility and conditions during that period) to an appropriate Data Collection Center for processing.

#### Computer Assisted Data Collection

The Patient Encounter Form has been designed to facilitate the automatic processing of these data. To demonstrate this capability, computer software was developed which captures illness visit data with a microcomputer. After the encounter data has been entered into the microcomputer, the set of monthly encounters can then be sent via a floppy disk to the Data Center for easy uploading into the computer used to generate the Monthly Morbidity Reports. This would eliminate many data entry problems at the Data Collection Center. The primary benefit of this procedure, however, is that the local facility can retain all of its data in electronic form and utilize that information through the use of accompanying report generating programs. Patient Summary reports could be used locally or could be included as tables or attachments in outgoing reports. This data would provide facility commanders with information regarding types and extent of medical problems, lost man hours, and consumption of medical resources. Computer assisted data collection would require the facility to have a computer or computer terminal but would not require the data entry person to have more than a basic understanding of some simple keyboard functions. The Medical Encounter Report could potentially be used as a data capture instrument upon deployment of the SNAP Automated Medical System (SAMS).

In summary, the Patient Encounter Report serves to capture the pertinent medical information. Data from the report are entered into a computer and the original form can be filed in an individual medical folder as a hard copy record of the visit. The data in the computer can then be used to generate the Monthly Morbidity Report, a sick call log, and a variety of reports that the local command may find useful. Further, combining the illness data with command strength data allows illness rates to be computed for separate Navy commands. These data, in turn, can be aggregated according to type of operation or area of operation.

## REFERENCES

1. La Rocco, J.M., Gunderson, E.K.E.,: A Proposed New Outpatient Data Collection System. Report No. 78-9, Naval Health Research Center, San Diego, CA, 1978.
2. Hermansen, L.A., Jones, A.P., and Butler, M.C.,: Development of an Outpatient Medical Treatment Reporting System for Shipboard Use. U.S. Navy Medicine, 71: 16-21, 1980.
3. Gunderson, E.K.E., Rahe, R.H., Arthur, R. J., The Epidemiology of Illness in Naval Environments. II. Demographic, Social Background, and Occupational Factors, Military Medicine. 135, 453-458, 1970.
4. Pugh, W.M., and Gunderson, E.K.E., Individual and Situational Predictors of Illness. Tech Report No. 75-20, San Diego, Naval Health Research Center, 1975.

NAME, ADDRESS ZIP CODE OF FACILITY		FACILITY AND LOCATION CODE						REPORT PERIOD					
		F	F	R	F	F	F	L	L	Y	Y	M	M
<b>SECTION I - GENERAL WORKLOAD</b>													
LINE NO		ACTIVE DUTY - U.S. UNIFORMED SERVICES					DEPENDENTS						
		A NAVY	B MARCORPS	C ARMY	D AIR FORCE	E OTHER U.S.	F NAVY	G MARCORPS					
01	OUTPATIENT VISITS												
02	INPATIENT VISITS												
03	ADMITTED TO QUARTERS												
04	QUARTERS PATIENT DAYS												
		DEPENDENTS				SPECIAL CATEGORIES							
		A ARMY	B AIR FORCE	C OTHER U.S.	D RET DEC	E RET REC	F U.S. CIV	G OTHER					
05	OUTPATIENT VISITS												
06	INPATIENT VISITS												
<b>SECTION II - ADJUNCT SERVICES</b>													
		A OUTPATIENT	B INPATIENT			C OUTPATIENT	D INPATIENT						
07	LABORATORY TESTS			PHARMACY UNITS									
08	PULMONARY FUNCTION STUDIES			X RAY FILM EXPOSURES									
09	AUDIOGRAMS			DIALYSIS PROCEDURES									
10	COBALT/CESIUM			EEG's									
11	ECG's			FLUOROSCOPIC EXAMS									
12	RADIOISOTOPE STUDIES			RADIUM & RADIOISOTOPE THERAPY									
13	OTHER DEEP THERAPY												
<b>SECTION III - OTHER SERVICES</b>													
OPHTHALMOLOGY						MISCELLANEOUS							
LINE NO	A REFRACTION MC	B REFRACTION MSC	SPECTACLES ORDERED		E FABRICATED SINGLE VIS	F FLIGHT PHYS EXAM	G OTHER COMP PHYS EXAM	H IMMUNI ZATIONS	I LIMITED SERVICES				
			C SINGLE	D BIFOCAL									
14													
<b>SECTION IV - SELECTED DATA</b>						<b>SECTION V - ACTIVE DUTY AVERAGE STRENGTH</b>							
LINE NO	A FETAL DEATH	VASECTOMIES		D PEAK CENSUS	E NAVY	F MARCORPS	G ARMY	H AIR FORCE					
		AC N&MC	OTHER										
15													
<b>SECTION VI - INDIVIDUAL CLINIC/SERVICE WORKLOAD</b>													
LINE NO		A LIMITED SERVICES	VISITS		D LIMITED SERVICES	VISITS							
			B OUTPATIENT	C INPATIENT		E OUTPATIENT	F INPATIENT						
16	ALLERGY												
17	CARDIOLOGY												
18	DERMATOLOGY												
19	ENDOCRINOLOGY												
20	GENERAL INTERNAL MED												
21	GENERAL SURGERY												
22	HEMATOLOGY												
23	NEUROSURGERY												
24	OCCUPAT THERAPY												
25	ORTHOPEDICS												
26	PEDIATRICS												
27	PLASTIC SURGERY												
28	PROCTOLOGY												
29	PSYCHOLOGY												
30	UROLOGY												
31	FAMILY PRACTICE												

Figure 1.

SECTION VII - OUTPATIENT MORBIDITY - ACTIVE DUTY NAVY AND MARINE CORPS PERSONNEL

REV. VISITS	NEW CASES		ITEM	REV. VISITS		NEW CASES		ITEM	REV. VISITS	
	A	B		C	D	E	F			
32			Infective and Parasitic Diseases			Respiratory System Diseases		Accidents, Poisonings, and Violence		
33			Acute Gastroint, Diarrhea, Dysentery			Acute Respiratory Diseases, Incl URI		Battle Casualties (RI)		
34			Gonorrhea			Influenza Syndrome		Adverse Effects of Noise		
35			Syphilis			Occupational Inhalation Diseases		Adverse Effects of Heat, Local		
36			Genital Herpes Virus			All Other Respiratory Diseases		Adverse Effects of Heat, Systemic		
37			Nongonococcal Urethritis			Digestive System Diseases		Adverse Effects of Cold		
38			Other Sexually Transmitted Diseases			Genitourinary System Diseases		Motion Sickness		
39			External Parasites			Comp of Pregnancy, Childbirth, Puerperium		Motor Vehicle Accidents		
40			Fungal Diseases, Athlete's Foot			Skin and Subcutaneous Diseases		Occupational Injuries		
41			All Other Infective & Parasitic Diseases			Cellulitis, Pyoderma, and Abscess		Occupational Poisoning		
42			Neoplasms			Occupational Dermatitis		Nonoccupational Injuries		
43			Endocrine, Nutr. & Metabolic Diseases			Heat Rash		Adverse Effects of Medication		
44			Blood Diseases			Nonoccupational Allergic Dermatitis		All Other Accidents, Poison, & Viol		
45			Mental Disorders			Moles, Warts, and Cysts		Family Planning, Contraception		
46			Alcoholism			All Other Skin Diseases		Female		
47			Marijuana			Musculoskeletal System Diseases		Male		
48			Narcotic Drugs			Congenital Anomalies		Supplementary Classifications		
49			Non-narcotic Drugs			Signs, Symptoms, & Ill-defined Conditions		TUBERCULIN TESTING		NUMBER
50			Combination			General Malaise, Fatigue		Skin Tests Read		
51			All Other Mental & Behavioral Diseases			Headache		Skin Tests Reactive		
52			Nervous System & Sense Organ Diseases			Fever of Undetermined Origin		Skin Tests Convertors		
53			Circulatory System Diseases			All Other Signs and Symptoms		Skin Tests Nonreactive		
54								Screening X rays		
55								Screening X rays Abnormal		
56								Patients Placed on INH		
57								Reactions to INH		
58										
59										
60										
61										

REMARKS

SIGNATURE AND TITLE

DATE SUBMITTED

Figure 2.

**I PATIENT INFORMATION**

TODAY'S DATE (MM DD YY) \_\_\_\_\_ NAME (LAST FIRST MI) \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

BIRTHDATE (MM DD YY) \_\_\_\_\_ BRANCH OF SERVICE \_\_\_\_\_ PAY GRADE \_\_\_\_\_ SEX \_\_\_\_\_  
 NAVY  MARINE CORPS  OTHER \_\_\_\_\_ E- \_\_\_ O- \_\_\_ W- \_\_\_  MALE  FEMALE

ASSIGNED TO \_\_\_\_\_  
 SHIP NAME \_\_\_\_\_ OR (if SHORE COMMAND) BATTALION SQUADRON UNIT \_\_\_\_\_

VISIT NUMBER FOR PRESENT PROBLEM \_\_\_\_\_ IF INJURED \_\_\_\_\_ WHERE? \_\_\_\_\_  
 1  2  3  4 OR MORE  ON DUTY  OFF DUTY  ASHORE  ABOARD

WAS INJURY CAUSED BY \_\_\_\_\_  
 MOTOR VEHICLE  BATTLE CASUALTY  OTHER BRIEFLY DESCRIBE CAUSE (more space on back of form if needed)

**II SIGNS, SYMPTOMS, AND DIAGNOSES**

**RESPIRATORY**

450 LRI  
 447 PHARYNGITIS  
 448 TONSILLITIS  
 452 INFLUENZA  
 464 BRONCHITIS  
 466 ASTHMA  
 446 SINUSITIS  
 483 OCCUPATIONAL INHALATION DISORDER  
 459 PNEUMONIA  
 474 RHINITIS

OTHER SPECIFY \_\_\_\_\_

**GASTROINTESTINAL**

512 ACUTE GASTROENTERITIS COLITIS  
 498 ULCER  
 010 DIARRHEA  
 52008 CONSTIPATION  
 505 APPENDICITIS  
 005 ACUTE BACILLARY DYSENTERY  
 OTHER SPECIFY \_\_\_\_\_

**MUSCULOSKELETAL**

665 TENDONITIS  
 656 JOINT DERANGEMENT  
 659 INTERVERTEBRAL DISC DISORDER

OTHER SPECIFY \_\_\_\_\_

**BEHAVIORAL**

27401 ANXIETY  
 297 SITUATIONAL DISTURBANCE  
 280 DRUG ABUSE  
 278 ALCOHOL ABUSE  
 27407 DEPRESSION

OTHER SPECIFY \_\_\_\_\_

**EYE EAR**

357 OTITIS EXTERNA  
 358 OTITIS MEDIA  
 337 CONJUNCTIVITIS

OTHER SPECIFY \_\_\_\_\_

**SKIN**

094 FUNGAL INFECTION (TINEA)  
 615 PYODERMA BOIL ABSCESS CARBUNCLE  
 640 ACNE  
 625 DERMATITIS RASH  
 115 SCABIES  
 618 CELLULITIS  
 638 FOLLICULITIS  
 114 PEDICULOSIS  
 621 CYST  
 06902 WART  
 62776 HEAT RASH  
 62775 THERMAL BURN

OTHER SPECIFY \_\_\_\_\_

**VD/GU**

538 GONORRHEA  
 538 NON-SPECIFIC URETHRITIS  
 04716 GENITAL HERPES VIRUS  
 086 SYPHILIS  
 08801 CHANCROID

OTHER SPECIFY \_\_\_\_\_

**OTHER MEDICAL PROBLEMS**

012 ACTIVE CLINICAL TUBERCULOSIS  
 73710 FEVER OF UNDETERMINED ORIGIN  
 3G505 GENERAL MALAISE/FATIGUE  
 739 HEADACHE  
 440 HEMORRHOIDS  
 507 HERNIA  
 047 HERPES SIMPLEX VIRUS  
 382 HYPERTENSION  
 917 IMMUNOLOGICAL REACTION  
 4209 MOTION SICKNESS  
 249 OVERWEIGHT

DENTAL SPECIFY \_\_\_\_\_

OTHER SPECIFY UNLISTED CONDITION \_\_\_\_\_

**ACCIDENTS TRAUMA**

Show TYPE OF INJURY and INJURY LOCATION by filling the space to the left with the appropriate LETTER CODE from Location Letter Code list.

CODE	TYPE OF INJURY	LOCATION LETTER CODES
___ 11	ABRASION	A SCALP N HAND
___ 12	BRUISE	B FACE O FINGER
___ 13	BURN-CHEMICAL	C EYE P BACK
___ 14	BURN-HEAT	D EAR Q ABDOMEN
___ 15	FOREIGN BODY	E MOUTH R HIP BUTTOCK
___ 16	FRACTURE	F NECK S GROIN GENITAL
___ 17	HEAT EXHAUSTION	G CHEST T UPPER LIMB
___ 18	HEAT STROKE	H REE U KNEE
___ 19	LACERATION	I SHOULDER V SPIN. CERV.
___ 20	POISONING	J UPPER ARM W ANKLE
___ 21	PUNCTURE WOUND	K ELBOW X FOOT
___ 22	SPRAIN-STRAIN	L FOREARM Y TOE
		M WRIST Z DOES NOT APPLY

OTHER SPECIFY \_\_\_\_\_

**III DISPOSITION**

1 FULL DUTY  
 2 LIGHT DUTY (# days \_\_\_\_\_)  
 3 NO DUTY (# days \_\_\_\_\_)  
 4 EVALUATED  
 5 REFERRED

PLEASE TURN PAGE - MORE ON OTHER SIDE

Figure 3.

**IV TREATMENT PROVIDED**

- |                                                       |                                                        |                                              |
|-------------------------------------------------------|--------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> 01 NO TREATMENT PROVIDED     | <input type="checkbox"/> 04 SURGERY, SUTURE PROCEDURES | <input type="checkbox"/> 08 X RAYS (# _____) |
| <input type="checkbox"/> 02 EARPLUGS                  | <input type="checkbox"/> 05 DRESSING                   | <input type="checkbox"/> 09 REFERRAL         |
| <input type="checkbox"/> 03 PHYSICAL/EYE/HEARING EXAM | <input type="checkbox"/> 06 EYEGASSES                  | <input type="checkbox"/> 10 COUNSELING       |
|                                                       | <input type="checkbox"/> 07 PRESCRIPTION(S) (# _____)  |                                              |

**V PATIENT STATUS (CHECK ONLY ONE)**

- |                                                          |                                      |                                                |
|----------------------------------------------------------|--------------------------------------|------------------------------------------------|
| <b>OUTPATIENT</b> <input type="checkbox"/> 1 ACTIVE DUTY | <input type="checkbox"/> 2 DEPENDENT | <input type="checkbox"/> 3 OTHER SPECIFY _____ |
| <b>INPATIENT</b> <input type="checkbox"/> 4 ACTIVE DUTY  | <input type="checkbox"/> 5 DEPENDENT | <input type="checkbox"/> 6 OTHER SPECIFY _____ |

**VI SERVICES (CHECK ANY THAT APPLY)**

- |                                                   |                                                        |                                                           |
|---------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> 01 LAB TEST(S) (# _____) | <input type="checkbox"/> 10 ORDER SPECTACLES (SINGLE)  | <input type="checkbox"/> 18 RADIUM /RADIOISOTOPE THERAPY  |
| <input type="checkbox"/> 02 PFT                   | <input type="checkbox"/> 11 ORDER SPECTACLES (BIFOCAL) | <input type="checkbox"/> 19 FLIGHT PHYSICAL EXAM          |
| <input type="checkbox"/> 03 AUDIOGRAM             | <input type="checkbox"/> 12 FABRICATE SINGLE VISION    | <input type="checkbox"/> 20 OTHER COMPREHENSIVE PHYS EXAM |
| <input type="checkbox"/> 04 COBALT/CESIUM         | <input type="checkbox"/> 13 PHARMACY UNIT(S) (# _____) | <input type="checkbox"/> 21 IMMUNIZATION(S) (# _____)     |
| <input type="checkbox"/> 05 ECG                   | <input type="checkbox"/> 14 X-RAY (# exposures _____)  | <input type="checkbox"/> 22 LIMITED SERVICE               |
| <input type="checkbox"/> 06 RADIOISOTOPE STUDY    | <input type="checkbox"/> 15 DIALYSIS                   | <input type="checkbox"/> 23 FETAL DEATH                   |
| <input type="checkbox"/> 07 OTHER DEEP THERAPY    | <input type="checkbox"/> 16 EEG                        | <input type="checkbox"/> 24 FAMILY PLANNING/CONTRACEPTION |
| <input type="checkbox"/> 08 REFRACTION MC         | <input type="checkbox"/> 17 FLUOROSCOPIC EXAM          | <input type="checkbox"/> 25 VASECTOMY                     |
| <input type="checkbox"/> 09 REFRACTION MSC        | <input type="checkbox"/> 26 OTHER SPECIFY _____        |                                                           |

**VII IF THIS IS A SPECIALIZED CLINIC, CHECK TYPE OF CLINIC AND VISIT TYPE**

- |                                                       |                                              |                                                 |
|-------------------------------------------------------|----------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> 01 ALLERGY                   | <input type="checkbox"/> 11 GENERAL PRACTICE | <input type="checkbox"/> 21 ORTHOPEDICS         |
| <input type="checkbox"/> 02 ANESTHESIOLOGY            | <input type="checkbox"/> 12 GENERAL SURGERY  | <input type="checkbox"/> 22 OTORHINOLARYNGOLOGY |
| <input type="checkbox"/> 03 CARDIOLOGY                | <input type="checkbox"/> 13 GYNECOLOGY       | <input type="checkbox"/> 23 PEDIATRICS          |
| <input type="checkbox"/> 04 CHEST DISEASE             | <input type="checkbox"/> 14 HEMATOLOGY       | <input type="checkbox"/> 24 PHYSICAL THERAPY    |
| <input type="checkbox"/> 05 DERMATOLOGY               | <input type="checkbox"/> 15 NEUROLOGY        | <input type="checkbox"/> 25 PLASTIC SURGERY     |
| <input type="checkbox"/> 06 EMERGENCY ROOM            | <input type="checkbox"/> 16 NEUROSURGERY     | <input type="checkbox"/> 26 PODIATRY            |
| <input type="checkbox"/> 07 ENDOCRINOLOGY             | <input type="checkbox"/> 17 OBSTETRICS       | <input type="checkbox"/> 27 PROCTOLOGY          |
| <input type="checkbox"/> 08 FAMILY PRACTICE           | <input type="checkbox"/> 18 OCC THERAPY      | <input type="checkbox"/> 28 PSYCHIATRY          |
| <input type="checkbox"/> 09 GASTROENTEROLOGY          | <input type="checkbox"/> 19 OPHTHALMOLOGY    | <input type="checkbox"/> 29 PSYCHOLOGY          |
| <input type="checkbox"/> 10 GENERAL INTERNAL MEDICINE | <input type="checkbox"/> 20 OPTOMETRY        | <input type="checkbox"/> 30 THORACIC SURGERY    |
|                                                       |                                              | <input type="checkbox"/> 31 UROLOGY             |

**VISIT TYPE**

- |                                            |                                       |                                      |
|--------------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> 1 LIMITED SERVICE | <input type="checkbox"/> 2 OUTPATIENT | <input type="checkbox"/> 3 INPATIENT |
|--------------------------------------------|---------------------------------------|--------------------------------------|

**VIII TUBERCULIN TESTING (CHECK ANY THAT APPLY)**

- |                                                  |                                                  |                                            |
|--------------------------------------------------|--------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> 1 REACTIVE SKIN TEST    | <input type="checkbox"/> 4 X-RAY SCREEN          | <input type="checkbox"/> 6 PLACED ON INH   |
| <input type="checkbox"/> 2 CONVERTER             | <input type="checkbox"/> 5 X-RAY SCREEN ABNORMAL | <input type="checkbox"/> 7 REACTION TO INH |
| <input type="checkbox"/> 3 NONREACTIVE SKIN TEST |                                                  |                                            |

USE THIS SPACE FOR ANY ADDITIONAL INFORMATION COMMENT REMARKS

FOR OFFICIAL USE ONLY

DATA CONTAINED HEREIN IS UNCLASSIFIED DATE 04-11-2011 BY 60322 UCBAW/STP/STP

NHRS FORM 20-101-85

Figure 4.

UNCLASSIFIED

SECURITY CLASSIFICATION OF THIS PAGE

## REPORT DOCUMENTATION PAGE

1a. REPORT SECURITY CLASSIFICATION UNCLASSIFIED		1b. RESTRICTIVE MARKINGS NONE	
2a. SECURITY CLASSIFICATION AUTHORITY N/A		3. DISTRIBUTION/AVAILABILITY OF REPORT Approved for public release, distribution unlimited	
2b. DECLASSIFICATION/DOWNGRADING SCHEDULE N/A			
4. PERFORMING ORGANIZATION REPORT NUMBER(S) NHRC Report No. 89-9		5. MONITORING ORGANIZATION REPORT NUMBER(S)	
6a. NAME OF PERFORMING ORGANIZATION Naval Health Research Center	6b. OFFICE SYMBOL (If applicable) Code 20	7a. NAME OF MONITORING ORGANIZATION Commander, Naval Medical Command	
6c. ADDRESS (City, State, and ZIP Code) P.O. Box 85122 San Diego, CA 92138-9174		7b. ADDRESS (City, State, and ZIP Code) Department of the Navy Washington, DC 20372	
8a. NAME OF FUNDING/SPONSORING ORGANIZATION Naval Medical Research & Development Command	8b. OFFICE SYMBOL (If applicable)	9. PROCUREMENT INSTRUMENT IDENTIFICATION NUMBER	
8c. ADDRESS (City, State, and ZIP Code) Naval Medical Command National Capitol Region Bethesda, MD 20814-5044		10. SOURCE OF FUNDING NUMBERS	
		PROGRAM ELEMENT NO. 63706N	PROJECT NO. M0095
11. TITLE (Include Security Classification) (U) AN ANALYSIS OF NAVY OUTPATIENT MORBIDITY REPORTING			
12. PERSONAL AUTHOR(S) Hermansen, L.A., Wilcox, W. W.			
13a. TYPE OF REPORT Interim	13b. TIME COVERED FROM _____ TO _____	14. DATE OF REPORT (Year, Month, Day) 1989, January, 09	15. PAGE COUNT
16. SUPPLEMENTARY NOTATION			
17. COSATI CODES		18. SUBJECT TERMS (Continue on reverse if necessary and identify by block number) Morbidity reporting, Medical Reporting Systems, Patient Encounter Report.	
FIELD	GROUP SUB-GROUP		
19. ABSTRACT (Continue on reverse if necessary and identify by block number) The Navy Medical Services and Outpatient Morbidity Reporting System (NAV MED 6300/1) is described. An alternative system utilizing an updated Medical Encounter Report designed with input from the Medical Doctrine Center and analyses of injury and illness data collected during earlier studies is presented. Potential uses of the Medical data captured using the alternative system are described.			
20. DISTRIBUTION/AVAILABILITY OF ABSTRACT <input type="checkbox"/> UNCLASSIFIED/UNLIMITED <input checked="" type="checkbox"/> SAME AS PARENT DOCUMENT		21. ABSTRACT SECURITY CLASSIFICATION UNCLASSIFIED	
22a. NAME OF RESPONSIBLE INDIVIDUAL L.A. HERMANSEN		22b. TELEPHONE (Include Area Code) (619) 553-8402	22c. OFFICE SYMBOL Code 20

DD FORM 1473, 84 MAR

83 APR 84 Edition may be used until exhausted.

A. Other editions are obsolete

SECURITY CLASSIFICATION OF THIS PAGE

U.S. Government Printing Office: 1988-907-047